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CONFIRMATION NO. 5264

SERIAL NUMBER 10/519,516	FILING OR 371(c) DATE 12/23/2004 RULE	CLASS 128	GROUP ART UNIT 3743	ATTORNEY DOCKET NO. CBZ-1249	
<b>APPLICANTS</b> Gerald Lange, Lutzhorn, GERMANY;					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP03/06365 06/17/2003					
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 102 28 163.7 06/24/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY GERMANY	SHEETS DRAWING 2	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
<b>ADDRESS</b> 22827					
<b>TITLE</b> Protective device for pacemaker patients or stoma patients					
FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		